

10/511913

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4	1		1				54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12	1		1				62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		3		1			66				
17	1		1				67				
18		1		1			68				
19	1		1				69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26		1		1			76				
27		1		1			77				
28		1		1			78				
29		1		1			79				
30	1		1				80				
31	1		1				81				
32		1		1			82				
33		1		1			83				
34		1		1			84				
35		1		1			85				
36		1		1			86				
37		1		1			87				
38		1		1			88				
39		1		1			89				
40		1		1			90				
41		1		1			91				
42		1		1			92				
43		1		1			93				
44		1		1			94				
45		1		1			95				
46		1		1			96				
47		1		1			97				
48		1		1			98				
49		1		1			99				
50		1		1			100				
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.		↓	3	↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS			3				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS